

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

Filing Date

**10564669**

Applicant(s) **Albrecht Hofmann**

\* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend	
1	1		1		1		1		51						
2		1		1		1		1	52						
3		2		1		1		1	53						
4		(1)		1		1		1	54						
5		(1)		1		1		1	55						
6		(1)		1		1		1	56						
7		(1)		1		1		1	57						
8		(1)		1		1		1	58						
9		(1)		1		1		1	59						
10		(1)		1		1		1	60						
11							1		61						
12								1	62						
13								1	63						
14									64						
15									65						
16									66						
17									67						
18									68						
19									69						
20									70						
21									71						
22									72						
23									73						
24									74						
25									75						
26									76						
27									77						
28									78						
29									79						
30									80						
31									81						
32									82						
33									83						
34									84						
35									85						
36									86						
37									87						
38									88						
39									89						
40									90						
41									91						
42									92						
43									93						
44									94						
45									95						
46									96						
47									97						
48									98						
49									99						
50									100						
Total Indep.	1		1		2										
Total Depend	10	↙	9	↙	11	↙									
Total Claims	11		10		13										